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ABSTRACT

A study indentified and ranked the 10 highest rated functions, 10 highest rated areas of knowledge, and 9 highest rated skills needed by hospital education directors in the 1980's. In addition, designers of the study sought to determine the learning approaches that are most appropriate in obtaining the identified knowledge and skills. Using a modified Delphi technique, researchers administered four questionnaires to 127 members of the American Society of Health, Manpower, Education, and Training. Based on the responses to the questionnaires, researchers offered the following suggestions: (1) Hospital education directors should prepare now for the many technological changes that will affect the role of the educator or the education department. (2) Particularly needed by the directors are competence in diplomacy; skills to integrate the educational and institutional goals of the hospital; and knowledge of institutional, attitudinal, and behavioral change processes. (3) Training approaches designed to teach the recommended knowledge and skills should be practical, involve internships and other on-the-job experiences, and stress human relations skills as well as individual and group counseling techniques. Appended to the report are the survey instruments and responses. (MN)

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NEEDED FUNCTIONS, KNOWLEDGE AND SKILLS FOR HOSPITAL EDUCATION DIRECTORS IN THE 1980'S: A DELPHI STUDY

Abstract

Utilizing a modified Delphi technique, this study identified and prioritized the ten highest rated functions, ten highest rated knowledge and nine highest rated skills needed by the hospital educator in the 1980's. It also produced modal consensus regarding the priority of the statements, minority opinion from those not joining consensus and appropriate learning approaches for acquiring needed knowledge and skills. The study concluded that hospital education directors need to prepare now for inevitable technological changes, should become informed of the highest priority function, knowledge and skills, and should acquire this information in ways that are practical and job related.

NEEDED FUNCTIONS, KNOWLEDGE AND SKILLS FOR HOSPITAL EDUCATION DIRECTORS IN THE 1980'S: A DELPHI STUDY

The modern hospital administrator is frequently faced with a vexing, age-old problem when it comes to approving staff training activities of the hospital educator - how to know what is needed? The problem of needs assessment is critical in today's fast changing world. With change occurring on a daily basis and obsolescence an occupational hazard, it becomes all the more critical to be able to determine future as well as current needs.

Assuming that the administrator is sure of the continuing education needs of the staff, a second, equally important question must be answered - what is the best method of acquiring this information?

Purposes of the Study

The purposes of this study were to 1) determine the common functions, knowledge and skills which hospital education directors would need to perform their jobs adequately in the 1980's and, 2) to determine the learning approaches most appropriate in obtaining the most important knowledge and skills.

Methodology

The Delphi Technique was selected as the appropriate vehicle for determining not only the functions, knowledge and skills needed for hospital educators, but also to determine the most appropriate learning approaches.

The Delphi Technique was developed by Olaf Helmer (1) and his associates at the RAND Corporation in the 1950's. It is a method which ". . . provides for an impersonal anonymous setting in which opinions can be voiced without bringing the 'experts' together in any kind of face-to-face confrontation." (2) The technique seeks to collect opinions on a specific problem and, through a series of questionnaires, produce a convergence of group consensus. Using a previously developed modification of the Delphi Technique, (3) this study generated a prioritized list of functions, knowledge and skills for the hospital education director of the 1980's and the most appropriate learning approaches to obtain this information.

Specifically, this study utilized a series of four questionnaires. The first questionnaire solicited responses to the following three questions:

1. What functions do you foresee as the most important for the Director of Hospital Education within the next five years?
2. What knowledge do you foresee as the most important for the Director of Hospital Education in the next five years?

3. What skills do you foresee as the most important for the Director of Hospital Education within the next five years?

Responses from Questionnaire I were edited, tabulated and listed. This list provided the basis for Questionnaire II.

In the second questionnaire, respondents were asked to rate each listed item on a five point rating scale. This rating was to determine the relative importance of each item. Questionnaire III was similar to Questionnaire II except that modal consensus for each item was indicated. Respondents were asked either to join consensus or to list the reason they wished to retain their ranking of the individual item. Questionnaire IV asked respondents to choose those learning experiences they felt most appropriate to acquire information concerning the "highest priority" knowledge and skill statements as generated through the previous three questionnaires.

The Study Population

A key factor in any Delphi Study is the qualification of the population selected to receive the questionnaires. For this study, it was agreed that the American Society of Health, Manpower, Education and Training would, by the nature of the organization, be a logical organization to contact to gain access to those engaged in the various allied health professions. Accordingly, 253 members of the Society who

attended a recent annual convention were contacted by letter and asked if they would be willing to participate in this Study. Of this number, 177 agreed to participate, thus comprising the study population. One hundred twenty seven of the 177 (71.7%) completed all four rounds of questionnaires.

Data Collection

The number of individuals who completed each successive questionnaire predictably lessened with each round of questioning. Of the 177 who agreed to participate, 127 (71.7%) completed all four questionnaires. This percentage was considered by the researchers to be good considering the following:

1. Mailed questionnaires normally have received a low percentage of returns.
2. Four separate mailings were administered over a six month period of time (January to June),
3. A majority of the Delphi Studies showed a sizable drop in returns after the second and third round of questioning,
4. The questionnaires, particularly Questionnaire II, were very time-consuming.

Results

The summary of responses generated from Questionnaire I were categorized into aforementioned groupings of functions, knowledge and skills needed by the Director of Hospital Education in the 1980's. Because of the volume of responses in each category there were many duplicating statements on Questionnaire I. These statements were edited by the researchers to form 66 function statements, 69 knowledge statements and 70 skill statements. These statements formed the basis for the next round of questioning.

Questionnaire II asked respondents to prioritize the statements using the following five point scale:

1. = Highest priority
2. = Above average priority
3. = Average priority
4. = Below average priority
5. = Lowest priority

Table I shows the "highest priority" rated statements for each category. Also listed in this Table are the mean and standard deviation for each statement as compiled from Questionnaire III. Priority was determined by modal consensus. That is, a statement was categorized as "highest priority" when the frequency of responses was greatest in that particular category.

It is interesting to note that of the 205 function, knowledge and skill statements originally generated through Questionnaire I, a total of 29 (ten function, ten knowledge and nine skills) statements received a rating of "highest priority."

Only two statements received a rating of 4 (below average priority) and five statements received a rating of 5 (lowest priority).

Insert Table 1 here

Questionnaire II, indicating modal consensus as well as each individual's response to each statement was sent to the respondents. They were asked to either join consensus or establish a minority opinion by writing their reasons for dissensus. The rate of consensus on all statements listed in Questionnaire II was 81.03%.

Minority Opinion from Those Not Joining Consensus

Minority opinion revealed a keen understanding of the function of the hospital administrator. Those statements receiving the largest amount of dissenting opinion are presented in Table 2. This Table presents the nine statements (three functions, three knowledge and three skill)

which received the largest amount of dissenting opinions, general reasons for dissensus, standard deviation and the consensus rating for each statement.

Insert Table 2 here

Appropriate Learning Approaches

Questionnaire IV consisted of 19 statements, nine of which were skills and ten of which were knowledge. These statements were rated as being of the "highest" priority by the participants. The purpose of Questionnaire IV was to identify learning experiences which would enable hospital education directors to learn each of the knowledge and skill statements listed. Included for the convenience and utilization of the study participants was a list of fifteen learning approaches. The participants were asked to choose the most appropriate learning approaches which would assist with the acquisition of the needed knowledge or skill. Tables 3 and 4 show respectively the highest-rated knowledge and skill statements, the most frequently selected training approach to acquire that knowledge or skill and the percentage of participants selecting the training approach.

Insert Tables 3 & 4 here

Conclusions

This Delphi Study was designed to determine the functions, knowledge and skills that Hospital Education Director would need in the 1980's.

The findings of the study led the researchers to offer the following suggestions:

1. Hospital Education Directors should prepare now for the many technological changes that will impact on the educators role or that of the education department. How the educator will cope with the changing needs of the hospital staff also should be considered.
2. Competency in diplomacy, promotion of a separate and budgeted education department for the entire institution, and skills to integrate the educational and institutional goals of the hospital will aid the hospital education director in promoting the program both to other hospital personnel as well as the community at large. Knowledge of institutional, attitudinal and behavioral change processes will also assist the hospital educator to promote the successful development of the department.
3. Training approaches designed to teach the recommended knowledge and skills should be practical, involving internships and other on-the-job experiences. Human relations skills, and the knowledge of individual

counseling, and group process will aid the hospital education director's effectiveness in developing services to the institution. Correspondence courses, theses, or doctoral type dissertations should not be considered, in and of themselves, as appropriate training approaches to teach the necessary knowledge and skills.

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Table I

Highest Priority Function, Knowledge and Skill Statements with Mean, and Standard Deviation

FUNCTIONS:	Mean	S.D.
1. Working with Administration to implement and disseminate Human Resource Development skills to Dept. Heads.	1.26	.610
2. Involvement in orientation programs to include the spectrum of all personnel	1.26	.742
3. To recruit competent instructors	1.27	.663
4. To evaluate program goals and objectives	1.27	.783
5. To be a specialist in media techniques	1.29	.732
6. To report to the Chief Admin. on all educational policy and development	1.31	.745
7. To develop program goals and objectives	1.32	.774
8. To help management in the implementation of planned change through effective educational development	1.38	.902
9. To identify, assess and evaluate the educational needs of the institution	1.47	1.05
10. To have an established separate department of education with an established budget	1.50	1.18

Table I (cont.)

KNOWLEDGE:	Mean	S.D.
1. Knowledge of diplomacy	1.26	.651
2. Knowledge of line and staff functions	1.27	.673
3. Knowledge of how to accomplish attitudinal and behavioral change	1.29	.748
4. Knowledge of what community resources and hospital resources are available to the Director of Hospital Education	1.31	.774
5. Knowledge of adult education and how to make it more interesting	1.33	.764
6. Knowledge of the change process and how to use it	1.34	.827
7. Knowledge of overall goals of the hospital	1.37	1.00
8. Knowledge of long range planning opportunities for the Hospital Educator	1.38	.650
9. Knowledge of group leadership concepts	1.38	.664
10. Common sense	1.45	1.21

SKILLS:	Mean	S.D.
1. Skill in integrating higher education trends with hospital education	1.28	.666
2. To have group processing skills	1.30	.594

Table I (cont.)

SKILLS (cont.):	Mean	S.D.
3. Skill to develop programs that keep abreast with the changes in the hospital	1.30	.717
4. Skill to delegate responsibility	1.31	.770
5. Skill to train others to be trainers	1.32	.717
6. Skill in selling educational programs to administration	1.33	.789
7. Skills in relating education to overall institutional goals	1.35	.814
8. Skills in thinking critically, objectively, creatively, and conceptually	1.43	1.10
9. Human relation skills	1.74	1.33

Table 2

Summary of Dissensus on Questionnaire III

FUNCTIONS:	S.D.	Consensus Rating
1. TO HAVE A KEEN UNDERSTANDING OF ADULT EDUCATION METHODOLOGY	.723	3

General Reasons for Dissensus -

Forty-four participants rated this item higher than the consensus and thirty-three rated it lower. Several respondents contended that the Hospital Education Director's position could not be assumed by an administrator because it would require his entire day. Others stated that access to the administrator is absolutely essential and that such a person with an education background could benefit the education department.

Table 2 (cont.)

2. TO DEVELOP C.E.U. PROGRAMS	.723	3

General Reasons for Dissensus -

Sixty-six participants rated this item higher than the consensus while twenty-three rate it lower. Generally, the entire group saw the need for CEU programs but to incorporate them within the Education Department was widely contested. One respondent stated "relicensing is the function of an individual's profession while daily training of hospital personnel is the function of the Education Department." Another said "CEU's should be administered in the hospital rather than sending people to academic institutions."

3. TO PLAN ALL EDUCATIONAL GOALS IN THE HOSPITAL	1.09	1

General Reasons for Dissensus -

Seventy-seven people rated this item lower than consensus. Interestingly, most of those who dissented stated that it was unrealistic for the education director to plan all educational goals in the hospital. One respondent added that the education director "should act as a consultant to the different departments on educational matters." Another maintained that the individual departments each set their own goals and the education department helps them reach those goals.

KNOWLEDGE:

1. MASTER'S DEGREE IN BUSINESS	.724	3

General Reasons for Dissensus -

Thirty-six participants rated this item higher than the consensus while forty-six rated it lower. Many of those who responded either way agreed that a blend of education and business would be extremely necessary. Of this blend one participant suggested the ingredients to be comprised of "medicine, education, and management."

2. MASTER'S DEGREE IN ADULT EDUCATION	1.05	1

General Reasons for Dissensus -

Sixty-two persons disagreed with the consensus and rated it lower. Some felt it to be inadequate to handle the job as Hospital Edu-

Table 2 (cont.)

cation Director. Another participant stated "it is a worthless degree which cannot adequately prepare one for the rigors of daily operations in the education department." Others stated that this degree is too academically oriented and that transfer of relevant experiences to the hospital setting would be difficult.

3.	KNOWLEDGE OF THE OTHER DISCIPLINES IN THE HOSPITAL	1.11	3

General Reasons for Dissensus -

Sixty participants rated this item higher than the consensus while fourteen rated it lower. Most of those who rated this item higher stated that if the education department is to survive it must have a working knowledge of each of the disciplines it intends to serve. Another stated "how can you work with a discipline and not know anything about it?"

SKILLS:

1.	TO HAVE COST ACCOUNTABILITY SKILLS	1.15	3

General Reasons for Dissensus -

Seventy-one participants rated this item higher while only eight rated it lower. Several participants stated that this item is of the highest priority in order to accurately develop the education budget. Other respondents asked how one could not be concerned with cost accountability in lieu of the escalating health-care costs. One participant maintained that "if you want to get your budget approved you'd better know how to account for what you ask."

2.	SKILLS AS A CLINICIAN	.890	3

General Reasons for Dissensus -

Thirty-eight respondents rated this item higher while forty-eight rated it lower. Many of those who rated it lower contended that the education director can't be everything to everyone. Others stated that the expertise of the educator in the hospital would be his skills in coordinating and directing the educational affairs of the hospital.

Table 2 (cont.)

3. THE DIRECTOR SHOULD HAVE A BUSINESS RATHER THAN AN EDUCATIONAL ORIENTATION	.752	3

General Reasons for Dissensus -

Twenty-three respondents rated this item higher than the consensus while sixty-eight persons rated it lower. One individual stated that "while it's helpful to know good business practices it's not the job of the Hospital Education Director to become a businessman." On the other hand, another participant stated "if education in the hospital is to survive in a departmental form it must increasingly lean toward a business philosophy and orientation."

Table 3

Highest Rated Knowledge Statements with Corresponding Training Approach and Percentage of Consensus

	Highest Rated Knowledge	Training Approach Chosen	Pct.[a]
1.	Common sense	Observation	49.6
2.	Knowledge of overall goals of the hospital	Informal discussion with practitioners	71.4
3.	Knowledge of community and hospital resources	Informal discussion with practitioners	48.0
4.	Knowledge of the change process and how to use it	Traditional Class	48.4
5.	Knowledge adult education and how to make it interesting	Seminar Simulated materials	39.1 39.1
6.	Knowledge of how to accomplish attitudinal and behavioral change	Sensitivity, human relations training	68.0
7.	Knowledge of group leadership concepts	Traditional class	57.5

Table 3 (cont.)

8.	Knowledge of long-range planning opportunities for the hospital educator	Participation in professional groups	48.4
9.	Knowledge of diplomacy	Sensitivity, human relations training	80.2
10.	Knowledge of line and staff functions	Internship	51.2

[a] Percent of respondents choosing this training approach.

Table 4

Highest Rated Skill Statements with Corresponding Training Approach and Percentage of Consensus

	Highest Rated Skill	Training Approach Chosen	Pct.[a]
1.	Skill in thinking critically, objectively, creatively, and conceptually	Simulated materials and/or experiences	48.8
2.	Skill in relating education to overall institutional goals	Informal discussion with practitioners	64.5
3.	Skill in selling educational programs to administration	Informal discussion with practitioners	57.5
4.	Skill to delegate responsibility	Internship	57.5
5.	Human relations skills	Sensitivity or human relations training	83.0
6.	Skill to develop programs that keep abreast with changes in the hospital	Participate in professional groups and organizations	47.0

Table 4 (cont.)

7.	Skill to train others to to be trainers	Traditional class	47.2
8.	Skill in integrating higher education trends with hospital education	Participate in professional groups and organizations	53.8
9.	Group processing skill	Sensitivity or human relations training	57.0

[a] Percent of respondents choosing this training approach.